

Chapter 7: Individualized Family Service Plan Development

The Individualized Family Service Plan (IFSP) process results in a document that reflects the families' concerns, priorities and resources with regard to the development of their infant or toddler. Families participate as full partners in the planning, development, implementation and review of their IFSP. The State's system of early intervention services includes policies and procedures for the development of IFSPs that meet state and federal requirements and assures that a current IFSP is in effect and implemented for each eligible child and the child's family.

Individualized Family Service Plans-IFSPs (§303.340)

The IFSP represents a commitment to eligible children and families that:

- Their unique, individual needs are considered and addressed;
- An individualized plan of action is developed to met these needs;
- They participate as equal team members in the initial development and subsequent reviews of the IFSP;
- Appropriate levels of early intervention services are provided;
- They have choices about who provides these services;
- Early intervention services are provided in natural environments, to the maximum extent appropriate, to the needs of the child;
- Early intervention services are family centered and focus on enhancing the family's capacity to respond to their child's developmental needs emphasizing their everyday routines and activities; and

Definition of Terms:

Intake Coordinator: The individual who coordinates intake, evaluation, assessment and initial IFSP planning for the SPOE.

Service Coordinator: The individual who assists with the initial IFSP meeting and coordination of services from that time until transition out of First Steps.

Intake/Service Coordinator: When this term is used, the information pertains to both roles.

- Their procedural safeguard rights are protected.

The Interim IFSP (§303.345)

An interim IFSP may be developed and implemented if extraordinary conditions arise that prevent the multidisciplinary team from completing necessary evaluation and assessment activities. This option is primarily intended for referrals of children who may still be in the hospital, for example, in the neonatal intensive care unit (NICU) or children who require a specific service without additional delay. In these cases, it is important that the provision of early intervention services not be postponed because the team has not completed their work. The family and team members should make decisions about which services are needed right away, and those services should begin immediately. These situations should be the exception rather than the rule. Eligibility for First Steps must be confirmed prior to the development of an interim IFSP.

The interim IFSP would include:

1. Section 1 – Child Information
2. Section 2 – Family Information
3. Section 3 – Service Coordinator Contact Information
4. Section 6 – Family and Child Centered Outcome(s)
5. Section 7 – Early Intervention Resources, Supports and Services
6. Section 11 – IFSP Development Team and contributors

Section 8 would also be completed if services were being provided in a setting other than the natural environment. The use of an interim IFSP does not permit the team to bypass the 45-calendar day requirement between referral and initial IFSP development. Rather, an interim IFSP is developed

to ensure that those essential services are provided to the eligible child while the remainder of the development work to complete the IFSP process is performed.

Procedures for IFSP development, review, and evaluation (§303.342)

The planning meeting for the initial IFSP should assist the family and Intake/Service Coordinators to develop a plan of action to meet the unique needs of an eligible child and their family. As soon as possible after eligibility determination, planning meetings between the family and Intake/Service Coordinator should take place to identify:

- potential members for the IFSP team;
- agenda items for the IFSP meeting; and
- the time and location for meeting.

The IFSP Team Meeting Planning Worksheet has been developed for this purpose.

IFSP Planning Worksheet

In preparing for the initial IFSP with a family, it is important that the Service Coordinator take ample time to review the IFSP format and contents with all appropriate family members. As family members develop an informed understanding of each component of the written IFSP, they will be able to fully participate in its development. This critical activity assists the Service Coordinator in conducting subsequent IFSP review and evaluation activities.

During these planning meetings, it is helpful to review the IFSP document and assist the family in completing portions of the document relevant to planning and participation in the IFSP team meeting itself. Families should use the IFSP in the team meeting discussion similar to reports/summaries that other team members might bring to the planning meeting. When families are encouraged to bring

IFSP Sections that the family could complete in advance and bring to the meeting are:

IFSP, Section 1
IFSP, Section 2
IFSP, Section 4
IFSP, Section 5
IFSP, Section 6
IFSP, Section 10

their written input to the meeting, this prepared information and advance preparation fosters their active, informed participation. The following sections of the IFSP are designed to be done by the family with their Service Coordinator after eligibility is determined and prior to the IFSP meeting:

- Section 1 – Child Information
- Section 2 – Family Information
- Section 4 – Child’s Present Abilities and Strengths
- Section 5 – Summary of Family Concerns, Priorities and Resources to Enhance the Development of Their Child (this is the family assessment portion)
- Section 6 – Family and Child Centered Outcome(s)
- Section 10 – Transition

The type and amount of assistance each family may need with these sections will vary and should be customized to each family. There is guidance in the IFSP Instructions about how the information from each of these sections can be used in the team meeting and in the final IFSP document.

Following are some principles that should guide IFSP meetings and be kept in mind during the planning process as well:

- Meetings should be scheduled at mutually convenient times and places.
- During the IFSP meeting, the Intake/Service Coordinator serves to facilitate the family’s involvement and may help by prompting or suggesting issues that they know are important to the family as the meeting progresses.

Some professional jargon may be used in reports and discussions, but should be explained in lay language. This provides an educational opportunity for the family that helps them to learn the terminology and also helps to ensure that professionals at the team meeting are speaking consistently and are in agreement.

- Family-centered communication skills are essential in preparing for and participating in the meeting. Language used during the IFSP meeting should be understandable for all participants; jargon and abbreviations should be avoided.
- The IFSP form should not drive the process of the initial IFSP meeting. Rather, it should confirm that the process is happening in ways that are family-centered, collaborative, and coordinated.
- The IFSP document that results from this initial IFSP meeting should reflect the family's priorities. It is not necessary, and sometimes not appropriate, to include every possible strategy, activity, and service in this initial document. Remember that the IFSP is an ongoing process.
- It is important to listen to the family prior to and during the team meeting, to hear their issues and concerns and ensure that these are captured and addressed in the IFSP. Rather than discussing treatment recommendations, professionals should work to incorporate interventions into the issues and concerns expressed by the family.
- Family preferences for the IFSP meeting (i.e., time, location, participants) should be honored.
- Families should be given the opportunity to lead the meeting, to speak first, and to participate in whatever ways are most useful to them.

The Intake/Service Coordinator should assist the family to identify their priorities prior to the meeting, and provide support and guidance to them in preparing for their participation.

Establishing the IFSP Team (§303.343)

According to federal and state regulations, each initial IFSP meeting must include the following participants:

1. the parent or parents of the child;
2. other family members, as requested by the parent(s) if feasible to do so;
3. an advocate or person outside of the family, if the parent requests that the person participate;
4. the Intake Coordinator who has been working with the family since the initial referral for evaluation;
5. a person or persons directly involved in conducting the evaluations and assessments; and
6. as appropriate, service providers to the child and/or family

If a Service Coordinator has been identified by the family, that individual may also be invited and participate in the initial IFSP meeting.

In identifying the IFSP team, additional members should be chosen on the basis of the child's presenting issues and any additional information or expertise that may be needed to develop an appropriate IFSP. These individuals may be part of the IFSP team even if they are not selected as ongoing service providers at the close of the IFSP meeting. The Intake/Service Coordinator assists the family to select the individual service providers and others who will participate in the IFSP development team. The Provider Matrix will serve as a valuable tool in identifying service providers with special skills, information, or expertise that is important to the family.

For some families, extended family and friends may be important, helpful and supportive IFSP team members. These friends/relatives also receive useful information about the child and his/her developmental needs through their participation in the planning process.

The Intake/Service Coordinator should discuss IFSP team membership, the proposed agenda and schedule with parents. They should also make necessary arrangements, and notify all team members. The Worksheet entitled “IFSP Team Meeting Planning Checklist” will support the identification of a variety of appropriate team members for participation in this IFSP development activity. This Worksheet also provides the opportunity for the family and Intake/Service Coordinator to plan the agenda for the team meeting. This activity is one part of the process intended to prepare the family for their active, informed participation in First Steps.

Written notification must be provided to the family and other participants early enough before the meeting date to ensure that they will be able to attend. A copy of the IFSP meeting notification is kept in the child’s Early Intervention Record. The Intake/Service Coordinator is responsible for processing an authorization with the SPOE for each service provider invited to attend the IFSP development meeting. If the Intake/Service Coordinator is at an associate level, this would mean that an authorization would include the supervising Specialist Service Coordinator.

If there is need to invite an individual who is not part of the First Steps system (for example, someone who is not a provider who has been selected by the parent), a release of information form must be

Release of Information

Notification Letter

Timelines

Authorization Form

signed by the parent to allow information to be shared during and/or after the IFSP meeting. (e.g. to invite and share information with representatives of the public school for a Transition meeting.)

Family members will choose to participate at various levels of intensity in the IFSP development and implementation process. Early intervention service providers must recognize and appreciate that families are diverse, and work actively with family members to ensure that informed participation according to the choice of each individual family occurs.

Respectful, honest and on-going communication helps to ensure a working partnership between family members and service providers. This partnership is essential in order to ensure true family participation in the IFSP development. Service providers must be willing to share their professional opinions and recommendations as well as listen and accept when families select options and directions that are different from their own.

Scheduling Challenges

If an individual involved in conducting the evaluations and assessments is unable to attend the IFSP meeting, he/she may participate in one of the following ways:

1. through a telephone conference call
2. by sending a knowledgeable authorized representative
3. by making pertinent records and recommendations available at the meeting.

At least one family member must be present at the meeting(s). However, additional family members may use one of these options if they will not be able to attend the meeting(s). For example, one parent may be attending the meeting and the other parent may elect to participate by telephone.

Content of an IFSP (§303.344)

A single, written IFSP will be collaboratively developed for each eligible child and family. The IFSP is intended to be a fluid, dynamic document and is subject to revision at any point as a result of a request from any team member, including the family. However, any reviews and revisions must be done through the IFSP team process.

The IFSP must be in writing and contain (as stipulated in the federal and state regulations):

1. A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon professionally acceptable objective criteria;
2. With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;
3. A statement of the major outcomes expected to be achieved for the child and family; and the criteria, procedures, and timelines used to determine:
 - a) the degree to which progress toward achieving the outcomes is being made, and
 - b) whether modifications or revisions of the outcomes or services are necessary;
4. A statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes, including the frequency, intensity, and method of delivering the services;
5. A statement of the natural environments in which early intervention services will be provided, including a justification of the

- extent, if any, to which the services will not be provided in a natural environment;
6. The location of services, and
 7. The payment arrangements, if any;
 8. Other services needed, but not required by Part C. To the extent appropriate, the IFSP must include:
 - a) medical and other services that the child needs, but that are not required by Part C; and
 - b) the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services such as immunizations and well-baby care unless a child needs those services and the services are not otherwise available or being provided;
 9. the projected dates for initiation of the early intervention services (with the exception of the other services required in Number 8) as soon as possible after the IFSP meeting;
 10. The anticipated duration of the early intervention services;
 11. The name of the Service Coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities) who is responsible for the implementation of the IFSP and coordination with other agencies and persons. The term profession as used in this sentence includes service coordination. In meeting this requirement the agency responsible for coordinating the IFSP meeting will assist the family in the selection of the ongoing Service Coordinator;

12. A statement of the steps to be taken to support the transition of the child at age three:
- a) to preschool services under Part B of IDEA to the extent that those services are appropriate, or
 - b) to other services, that may be available (i.e., Parents as Teachers, Head Start, child-care settings, Title I preschool programs, etc.), if appropriate;

The steps for transition must include:

- discussions with, and training of parents regarding future placements and other matters related to the child's transition;
 - procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in, a new setting; and
 - with written parental consent, transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information and copies of IFSPs; and,
13. A statement describing assistive technology services or devices as appropriate including:
- a) identification of the professional who will assist the family with the assistive technology device,
 - b) what outcome(s) the assistive device supports or facilitates,
 - c) the location of the device,
 - d) a statement of the frequency and intensity of the time the device/service is used, and
 - e) method of how the device/service is provided.

IFSP Outcomes

The development of outcomes should begin with discussing with families their perceptions of their child's unique developmental needs and their family's needs related to enhancing the child's development in these areas. The information gathered during the intake/evaluation/assessment, and IFSP planning process will provide a foundation for helping the family express these desired outcomes during the IFSP meeting.

During the IFSP meeting, families and professionals must collaborate to develop outcomes, discuss competing priorities and look at all alternatives. Professionals have a responsibility to share knowledge and experience with families to assist them in evaluating options, and making choices. Ideally, strategies will be chosen which reflect the opinions and desires of both the family and the professionals. However in cases where the family and professionals do not agree, IFSP outcomes must meet the priorities of the family. Differences of opinion should be recorded in a case note for future reference or discussion.

Families should be assisted in making informed decisions based upon knowledge presented by the professionals. When it is believed that family decisions will result in abuse or neglect, professional judgment and responsibility must be carried out in accordance with Missouri's law regarding child abuse and neglect.

Outcomes should be written to reflect the priorities the family wants to achieve. Everything in the IFSP should be stated in the language or words used by the family as much as possible. While it is not federally required that IFSPs be written in the native language of the family, family members should understand through their mode of communication

Outcomes must be stated functionally in terms of:

- What the family wants to achieve for their child and family
- What is to occur
- What is expected as a result of these actions or what will be different when this outcome is achieved

what the content of the outcome is and ensure that this reflects their intent. Individual strategies and activities should support and work towards the outcomes the family wants to achieve.

For each outcome developed, the team must identify the procedure, criteria, and timeline for measurement of the outcome. Clinical treatment plans exist beyond the IFSP that define specific therapeutic approaches to meet the defined outcomes. This level of specificity is external to the IFSP and is found in the clinical record that is required to be maintained by the individual provider.

Strategies and Activities (optional)

Once an outcome has been written for the IFSP, it is recommended that the team identify strategies and activities that will be used to address the outcome using the family's daily routine and materials/supports already available to the family.

Strategies and activities are built upon the routines of the family, emphasizing their regular settings. The Intake Coordinator and IFSP team members should talk with the family about elements of their lifestyle, including individuals who are key to them and to their child, and how best to blend early intervention services into their lives (as opposed to Rescheduling their lives around early intervention). The worksheet "Identifying typical family routines and activities", which is completed during the IFSP planning process may be helpful in identifying strategies and activities, as well as services and locations for services during the IFSP meeting.

Strategies and activities should be practical and fit within a family's lifestyle and routine and be provided in the natural setting and should be coordinated across professions and agencies in the implementation of the IFSP. Families typically will

While "strategies and activities" are not required by state and federal regulations, their development is very beneficial when considering services in the Natural Environment.

Identify by using the "Typical Family Routines and Activities Worksheet"

participate in a variety of activities and services beyond the IFSP (e.g. PAT, WIC, Early Head Start, etc.). It is important that these services are linked to the IFSP and are considered as the outcomes in the IFSP are developed.

Service providers need to assess their beliefs and attitudes about the families that they work with. Families are diverse and vary greatly in their approaches to parenting, decision making and family lifestyle. All families want to be actively involved in the services that their child needs; it is the obligation of the service provider to work with the family and other key individuals to individualize strategies that meet on common ground and grow from there.

Early Intervention Resources, Supports and Services

For each outcome identified, the team must determine what services will be provided in order to achieve the outcome. Early intervention services are:

1. Assistive technology devices and service
2. Audiology
3. Family training, counseling and home visits
4. Health Services
5. Medical Services for diagnostic or evaluation purposes
6. Nursing Services
7. Nutrition Services
8. Occupational Therapy
9. Physical Therapy
10. Psychological Services
11. Service Coordination Services
12. Social Work Services
13. Special Instruction
14. Speech/Language Pathology
15. Transportation and Related Costs
16. Vision Services

For each Early Intervention Service, the team must identify the frequency, intensity, and duration for the service, the method of delivery of the service, whether the service will be provided as a group or individually, the method for funding the service and the location for the provision of services in the Natural Environment to the extent appropriate for the child.

Natural Environments (§303.12(b))

To the maximum extent appropriate to meet the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. These settings are those that are natural or normal for the child's age peers who have no disabilities. It is required that the IFSP include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family, and justification of the extent, if any, to which the services will not be provided in a natural environment. The decisions on the location of service delivery must be made on an individualized basis in accordance with the needs of the child and the family.

The basic principle underlying the natural environment requirement is that being in integrated settings with their nondisabled peers will enhance the development of eligible children. In addition, it helps with the possible transition from Part C to Part B services where they will receive their services in the least restrictive environment. This will help prepare the child and the family for integration into school and other settings with nondisabled peers.

While natural environments are the preferred settings for providing early intervention services, it would be appropriate, under Part C for a child to

receive one or more of the early intervention services in another setting, if the child's IFSP team, after reviewing the relevant information about the child, makes that determination. If the team determines that a specific service for the child must be provided in a different setting (for example, in a center-based program that serves children with disabilities) a justification must be included in the child's IFSP.

The IFSP team's decisions on settings are separate for each service to be provided. While some services for a given child may be appropriately provided in the child's home, other services may be more appropriate in a group setting (e.g., if a service is designed to meet a socialization goal, the team may choose a child care, day care, or playgroup setting).

It is important that the conclusions of the IFSP team, as well as the justification, be based on the needs of the child, and not on reasons such as administrative convenience, fiscal or personnel limitations or parent preference.

The parent's need for time with other parents of children with disabilities may be successfully accommodated in either the natural environments where the child receives services, or in other settings. However, the parent's need cannot be used as a justification for not providing services to the child in a natural environment. With respect to requiring a justification of the extent, if any, to which the services will not be provided in a natural environment, the focus of that requirement is on the child. Thus, any justification for the child's services to take place in a setting other than a natural environment must relate to the child's individual needs.

Transition from Part C Services

State and federal regulations require that IFSP teams plan for a child's transition at age three. Each IFSP must include documentation of the steps to be taken to support the transition of the child at age three, whether that transition will be to preschool services under Part B (Early Childhood Special Education) or to other services that may be available, such as Parents as Teachers, Head Start, Title I Preschool programs, etc.

The steps for transition must include:

- Discussions with, and training of parents regarding future placements and other matters related to the child's transition;
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and
- With written parental consent, transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information and copies of IFSPs.

Transition planning for the infant or very young toddler will often involve introducing the parents to information about the transition process and choices that will occur when the child approaches age three and helping them begin to think about what will facilitate this process. For the older toddler, the transition planning becomes more specific and detailed. It should also be noted that while IDEA establishes requirements for transition in relation to the changes that occur at age 3, it is also good practice to consider other transitions that occur not only as the child moves from the system, but also into and within the system (hospitalizations, changes of service provider, family moves, etc.). Planning for these other transitions may be documented in the

IFSP along with the required documentation of the transition planning related to exiting First Steps at age 3. Section 10 of the IFSP, the Transition Checklist, helps to guide the transition planning for an individual child and family.

The Missouri Part C Regulations also include transition policies and procedures that our state has developed to ensure a smooth and effective transition from Part C (First Steps) to Part B. These policies address such topics as:

- The required transition meeting that occurs 6 months prior to the child's third birthday
- Provisions for children with birthdays from April through August
- Procedures for notifying public schools of First Steps eligible children in their districts who will be turning 3

Other Services

The IFSP team must consider and document any other services identified as necessary to meet other child and family needs that are not required or eligible under Part C. Specific information about these services must be included to insure that consideration has been given to all potential sources and strategies to support the family's identified needs beyond the Early Intervention system. Some examples of these needs are: home support, respite care, medical equipment, etc.

Completing the Process

Using the Service Matrix, families select service providers for IFSP services. Families will want to consider any special skills or training of the provider, their availability, and the variety of locations for service delivery. Location of service delivery is a team decision reflecting a variety of factors including the child and family's typical routines and activities.

Families and service providers should work together to develop resources for young children and for their community. Service Provider availability should be one of the interests of an LICC and this resource development information should be made available to the council on a routine basis.

The completed IFSP is considered a legal document and may not be altered. The use of white out or black marker is not permitted. The SPOE keeps the original document and is responsible for data entry activities that ensure an authorization is made for each service that the family has agreed to.

Native Language

It is not required that the IFSP be written in the native language of the family. In fact, service providers are cautioned against the development of two IFSPs. However, the content of this document must be readily understood by the family which may require oral translation or other means of communication (sign language, Braille) to ensure that families are fully informed. The necessary accommodations such as translation services, large print, audio reports, etc. shall be made available and provided to families at no cost to them. It is important to verbally explain, in the family's native language or mode of communication, the contents of the IFSP as the document is being developed.

Notice and Consent for Early Intervention Services

Written prior notice shall be given to parents of an eligible child a reasonable time before the provision of appropriate early intervention services to the child and the child's family. This notice must be in sufficient detail to inform the parents about the action being proposed or refused and the reasons for taking the action. The notice must be accompanied by a copy of the Parental Rights brochure. Also, the

With the assistance of the Service Coordinator, the family selects provider(s) from the Service Provider Matrix for the agreed upon IFSP services. The Service Coordinator should not guide or otherwise influence the family's choice. The family should be informed that they may change their provider selection at any point in time by contacting their Service Coordinator.

notice must be written in language understandable to the general public and be provided in the parent's native language or mode of communication unless it is clearly not feasible to do so.

The contents of the IFSP shall be full explained to parents and a Prior Written Notice must be provided and **informed written consent** obtained from the parent prior to the provision of early intervention services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. All early intervention services to which parental consent is obtained must be provided.

Parents may determine if they will accept or decline any early intervention service and may decline such a service after first accepting it without jeopardizing other early intervention services.

IFSP Case Note Documentation

In addition to completing the IFSP document, a case note of the IFSP meeting should be recorded that contains items or recommendations not reflected in the final IFSP document. These notes must be maintained in each child's early intervention record. In this way, the child's file will document the extent to which:

- Particular services were recommended but not chosen by the family; or
- Certain levels of services were proposed, but families opted for a different number of units at this time
- Family chooses a provider other than a First Steps provider

These notes are maintained to ensure follow-up at a later point in time, as well as to serve as documentation of the full discussion. The ability to

IFSP Case Note

revisit these issues with families at a later date may be important as the team reviews the degree to which the IFSP outcomes have been achieved or to assist in the resolution of child complaints.